

EXHIBIT MR 2

ANICIA TOMOKANE



Commonwealth of the Northern Mariana Islands

Office of the Governor

Saipan, Mariana Islands 96950

Phone: 6407/6408/6581

Telex: 783-622 Gov. NMJ

SEP 11 1986

Mrs. Anicia Q. Tomokane
Garapan Village
Saipan, CM 96950

Dear Mrs. Tomokane:


I am pleased to appoint you to the position of Special Assistant for Women's Affairs which was established pursuant to Constitutional Amendment No. 21.

This appointment shall take effect on September 13, 1986 and does not require the advice and consent of the Senate.

The duties and responsibilities of this position are set forth in Section b) of the above referenced Constitutional Amendment. I am confident that you will represent women's interests in an impartial and effective manner and I look forward to working closely with you during the remainder of my term in office.

Congratulations and best wishes. If I can be of any assistance, please do not hesitate to contact me.

Sincerely,



PEDRO P. TENORIO
Governor

CC: President of the Senate
Speaker, House of Representatives
Special Advisor for Political Affairs

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE CIVIL SERVICE COMMISSION
P.O. Box 150 CHR, Saipan, CM 96950

CSC-P-01

REQUEST FOR PERSONNEL ACTION

PART I. REQUESTING OFFICE: To be filled in by Requesting Office. Fill in all spaces applicable to the personnel action requested. See Personnel Procedural Manual, Part III, Sub-Part B, for instructions.

1. NAME (CAPS) LAST-FIRST-MIDDLE TOMOKANE, Anicia Q.		MR. — MISS — MRS. Mrs.	2. BIRTH DATE (Mo., Day, Year) 10/18/55	3. SOCIAL SECURITY NO. 586-10-9518
A. KIND OF ACTION REQUESTED (1) PERSONNEL (Specify appointment, reassignment, resignation, etc.) Appointment			B. REQUEST NUMBER	C. DATE OF REQUEST
(2) POSITION (Specify establish, review, abolish, etc.) Established			D. PROPOSED EFFECTIVE DATE August 31, 1986	
4. PERSONNEL OFFICE USE ONLY				
A. LIFE INSURANCE CODE: COVERED <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> WAIVED <input type="checkbox"/>		B. HEALTH INSURANCE CODE: COVERED <input type="checkbox"/> INELIGIBLE <input type="checkbox"/> WAIVED <input type="checkbox"/>		
C. SERVICE COMP. DATE	D. TENURE GROUP	E. CITIZENSHIP CNMI	F. HANDICAP CODE N/A	
G. NATURE OF ACTION CODE	H. EFFECTIVE DATE (Mo., Day, Year) 9/13/86 9/1/86		I. AUTHORITY: Constitutional Amend. # 21	
5. FROM: POSITION TITLE AND NUMBER		6. (a) Level (b) Step	7. DIFFERENTIALS	
			8. Bi-weekly Salary Per Annum Salary	
9. NAME AND LOCATION OF EMPLOYING OFFICE				
10. TO: POSITION TITLE AND NUMBER Women's Affairs		11. (a) Level (b) Step Ungraded	12. DIFFERENTIALS	
			13. Bi-weekly Salary \$961.53 Per Annum Salary \$25,000.00	
14. NAME AND LOCATION OF EMPLOYING OFFICE Office of the Governor				
15. DUTY STATION (City-country-state) Saipan				
16. FUNDING (Account Number) 1011-4110		APPROVED BY (Budget Officer) James H. Ripole, Acting		17. <input type="checkbox"/> PERSONNEL SERVICE SYSTEM <input checked="" type="checkbox"/> EXCEPTED SERVICE
18. REMARKS BY REQUESTING OFFICE (Continue in item F on reverse side, if necessary) SAPB				

19. REQUESTED BY (Signature and title) (Leave blank on resignations)	21. REQUEST APPROVED BY: SIGNATURE: Pedro P. Tenorio TITLE: Governor
20. FOR ADDITIONAL INFORMATION — CALL (Name and telephone number)	

PART II. TO BE COMPLETED BY PERSONNEL OFFICE

(Items inside heavy lines in Part I above also to be completed)

22. POSITION CLASSIFICATION ACTION <input type="checkbox"/> NEW <input type="checkbox"/> VICE <input type="checkbox"/> REALLOCATED <input type="checkbox"/> OTHER		24. REMARKS:
23. CLEARANCES	Initials or Signature	
(A) CLASSIFICATION:	Date	
(B) EMPLOYMENT/EMPLOYEE RELATIONS:		
(C)		
25. APPROVED BY: Jesus P. Mafnas PERSONNEL OFFICER		DATE 9/10/86

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
OFFICE OF THE CIVIL SERVICE COMMISSION
P.O. Box 150 CHRB, Saipan, MP 96950**

NOTIFICATION OF PERSONNEL ACTION

CSC-P-02

1. NAME: (CAPS) Last - First - Middle TOMOKANE, Anicia Quitugua		Mr. Mrs. Miss	2. CITIZENSHIP U.S.	3. SERVICE COMP DATE	4. BIRTH DATE Month Day Year Oct. 18 '55
5. SOCIAL SECURITY No. 586-10-9518/77702		6. GROUP LIFE INSURANCE COVERED		7. HEALTH INSURANCE: Code No. _____ WAIVED	
8. NATURE OF ACTION: RESIGNATION				9. EFFECTIVE DATE Month Day Year Dec. 29, 1989	
10. FROM: POSITION TITLE & NUMBER SPECIAL ASS'T. FOR WOMEN'S AFFAIRS		11. PAY LEVEL/STEP UNGRADED		12. SALARY BI-WEEKLY : PER ANNUM: \$36,000.00	
13. NAME & LOCATION OF EMPLOYING OFFICE: WOMEN'S AFFAIRS OFFICE, OFFICE OF THE GOVERNOR				14. DUTY STATION SAIPAN	
15. TO: POSITION TITLE & NUMBER		16. PAY LEVEL/STEP		17. SALARY BI-WEEKLY : PER ANNUM:	
18. NAME & LOCATION OF EMPLOYING OFFICE:				19. DUTY STATION	
20. ELIGIBLE FOR LEAVE ACCRUAL:					
<input checked="" type="checkbox"/> ANNUAL		NO. OF HOURS PER PAY PERIOD 08		<input type="checkbox"/> SICK	
				NO. OF HOURS PER PAY PERIOD 04	
21. ACCOUNT CHARGEABLE: 1022-4110		22. SUBJECT TO:			
		GNM Income Tax <input type="checkbox"/>		CNMI Retirement <input type="checkbox"/>	
		Social Security <input type="checkbox"/>		Other <input type="checkbox"/>	
23. REMARKS:					

EMPLOYEE IS ELIGIBLE FOR ALL LUMP SUM PAYMENT OF ACCRUED UNUSED ANNUAL LEAVE.
274.50 hours by Dec. 29, 1989
SICK LEAVE BALANCE OF 123. SHOULD BE CONVERTED TO EMPLOYEE'S YEARS OF SERVICE.
hours

DISTRIBUTION:

1. Employee
2. Personnel-OPF
3. Payroll
4. Department Head
5. Budget

ENTERED 20 DEC 1989

SIGNATURE:

JESUS P. MARTAS

PERSONNEL OFFICER

DATE